$1239: outpatient care). Though the overall predictive power of the model was low (R2 = 0.10), the most significant predictors of increased total cost were: CGImpression ($P < .001$), SOFAS ($P = .014$), ethnicity ($P = .001$), and onset age ($P = .080$). **CONCLUSIONS:** Inpatient care represents the largest component (42%) of the total cost of care for patients in this study. Costs are higher for Caucasian patients, patients with later onset of disease, and patients with more severe disease measured by CGImpressions and SOFAS. Whether the use of more effective medications will decrease hospitalization and total costs remains to be determined.

PMH15

ECONOMIC EVALUATION OF REBOXETINE FOR TREATING MAJOR DEPRESSION

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Complete economic evaluations of new antidepressants should consider the impact of depression on productivity costs associated with impaired work performance and other disability as well as on direct medical costs. **OBJECTIVES:** This study compares costs and effectiveness of reboxetine and fluoxetine for treating major depression, focusing on the productivity improvements associated with each treatment. **METHODS:** A semi-Markov model was constructed describing the course of depression and its treatment. The model combines efficacy data from two head-to-head clinical trials of reboxetine and fluoxetine with resource use estimates from expert opinion elicited by questionnaire. Unit costs for resources were obtained from the medical literature. The number of disability days associated with each health state in the model was estimated from population surveys and clinical trial information. The model generated cost-effectiveness measures for the total population as well as the subset of severe patients (defined as patients with baseline Clinical Global Impression severity scores of "markedly ill", "severely ill", or "among the most extremely ill") found in the clinical trials. **RESULTS:** Model results showed no significant differences in effectiveness between the two treatment groups. For the total population, annual direct medical and productivity costs totaled $6679 for reboxetine and $6958 for fluoxetine. Among severe patients, total costs were $6946 for reboxetine and $7491 for fluoxetine. Productivity costs accounted for approximately 50% of the total cost of depression in both treatment groups and patient populations. Sensitivity analyses confirmed the model's robustness. **CONCLUSIONS:** The model shows reboxetine to be cost saving compared to fluoxetine for the treatment of major depression. The majority of savings results from improvements in patient productivity, with the greatest potential for savings found in the severe patient population.

PMH16

RELAPSE IN SCHIZOPHRENIA: COSTS AND QUALITY OF LIFE

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OBJECTIVE: To compare the costs and quality of life of 77 patients who relapse with a control group of 68 non-relapse patients, in schizophrenia. **METHODS:** Patients were selected from current (active) psychiatric caseloads drawn from urban, suburban and rural Leicester and Leicestershire. Relapse cases were identified by the re-emergence and aggravation of symptoms, and by psychiatric in-patient re-admissions, current or within the last 6 months. Data collection included: social and demographic profiles, DSM IV classification, PANSS, CGI, GAF, Quality of Life (Lehman), EuroQol, and health care utilization. Standard parametric/non-parametric tests are used to test for differences in outcomes and costs for relapse and non-relapsing patients. Hypothesis-driven analyses focus on the correlates of quality of life, links between symptoms and functioning, socio-economic consequences of schizophrenia, and cost consequences of positive symptoms and functioning deficits. Standard multivariate analysis will identify key determinants of costs, and Generalized Linear Models will be used to predict relapse status. Provisional results confirm higher costs and lower quality of life for patients who relapse. **CONCLUSIONS:** Schizophrenia is a long-term, debilitating and costly illness. Potentially high costs are incurred by health care providers, social services and other care agencies, and by families and sufferers themselves. One of the most costly aspects of schizophrenia is associated with illness relapse, which has been estimated, for example, to cost $2 billion in re-admission costs in the US. There is currently no equivalent estimate for the UK. The findings from this study will be of interest to policy-makers who face difficult economic choices concerning new but more expensive drug treatments for patients with schizophrenia. The challenge for new antipyschotic treatments is to improve efficacy and compliance and thereby reduce relapse rates. In turn this would be expected to bring about reductions in the total national costs of schizophrenia, whilst also improving the welfare of patients.

PMH17

COST OF TREATING SIDE EFFECTS OF SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS (SSRIs) IN A HEALTH MAINTENANCE ORGANIZATION (HMO)

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OBJECTIVE: To assess utilization patterns, frequency of side effects, and the cost of side effects associated with